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 DEPARTMENT OF ECOLOGY  
 NWRO - WR

JAN 1 2013

# WATER WELL REPORT

## FOR AN EXISTING WELL

## INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600; ATTN: Marian Bruner.

<b>CURRENT USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>BCB 800</u>																	
<b>DIMENSIONS:</b> Diameter of well <u>6</u> inches. Depth of completed well <u>134</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No-- Property Owner Name <u>Davis Landing Owners Assoc</u> Well Street Address <u>Green Rd. and Strawberry Point Rd</u> City <u>Oak Harbor</u> County: <u>Island</u> Tax Parcel No. <u>S6450-00-00015-1</u>																	
<b>CONSTRUCTION DETAILS</b> Liner installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>LOCATION</b> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>26</u> Twn <u>33N</u> R <u>2</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EWM</span> Circle one WWM																	
<b>Perforations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs <u>   </u> in. by <u>   </u> in. and no. of perfs <u>   </u> from <u>   </u> ft to <u>   </u> ft.		<table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">F</span></td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">F</span>	G	H	M	L	K	J	N	P	Q	R
D	C			B	A														
E	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">F</span>			G	H														
M	L			K	J														
N	P	Q	R																
<b>Screens:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown MF's name <u>   </u> TYPE: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>   </u> Slot Size <u>   </u> from <u>   </u> ft. to <u>   </u> ft.																			
<b>Gravel/Filter Packed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Materials paced from <u>   </u> ft. to <u>   </u> ft.																			
<b>Surface Seal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth <u>   </u> ft. Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement																			
<b>PUMP:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name <u>Grundfos</u> Type: <u>H.P. 1</u>																			
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>135</u> ft. Static Level <u>   </u> ft. below top of casing Date measured <u>   </u> Artesian pressure <u>   </u> lbs. per square inch Date measured <u>   </u> Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>19-1027</u> Long Deg <u>122</u> Long Min/Sec <u>31-23758</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: <u>   </u> gal./min. with <u>   </u> ft. drawdown after <u>   </u> hrs.		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	

Well is between water reservoir and pump house

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No.    

Date Signed 31 December 2012

Drilling Company Island County Health Dept.

Address of person completing this form:

PO Box 5000  
 City, State, Zip Coupeville, WA 98239